PTO/SB/17 (12-04v2)

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Complete if Known Effective on 12/08/2004 Fees pursuar

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nt to the Consolidated Appropriations Act. 2005 (H.R. 4818). E TRANSMITTÄL	Application Number	10/010,132
	Filing Date	12/06/2001
For FY 2005	First Named Inventor	Wang
at alaima amall antitu atatus. Sac 27 CED 4 27	Examiner Name	Knoll, C.
nt claims small entity status. See 37 CFR 1.27	Art Unit	2112

For FY 2005 Applicant claims small entity status. See 37 CFR 1.27			Filing Date		12/06/2001			
			First Named Inventor Wa		Vang			
			Examiner Name	•	Knoll, C.			
Applicant claims small entity status. See 37 GFR 1.27			Art Unit		2112			
TOTAL AMOUNT OF PAYMEN	т (\$)	\$1,240.00	Attorney Docket	t No.	MS-01CXT0161N	1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Check Card Card None Cother (please identity).								
Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
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Charge fee(s) indic			<i></i>	, ,		cept for the filing fee		
under 37 CFR 1.10	3 and 1.17	underpayments of f		•	erpayments			
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FEE CALCULATION								
1. BASIC FILING, SEARCH,	AND EXA	MINATION FEES						
	ILING FEES	SEA	RCH FEES	EXAN	MINATION FEES			
Application Type Fe	Small e (\$) Fee		Small Entity \$) Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)		
Utility 3	00 15	0 500	250	200	100			
Design 2	00 10	0 . 100	50	130	65			
Plant 2	00 10	0 300	150	160	80			
Reissue 3	00 15	0 500	250	600	300			
Provisional 2	00 10	0 0	0	(0			
2. EXCESS CLAIM FEES					F (\$)	Small Entity		
Fee Description Fach claim over 20 (inclu	dina Reissu	iec)			<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25		
Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200						100		
Multiple dependent claim	•	,			360	180		
Total Claims Ext	ra Claims	Fee (\$) Fe	e Paid (\$)		Multiple De	ependent Claims		
- 20 or HP =		=			<u>Fee (\$)</u>	Fee Paid (\$)		
HP = highest number of total claim indep. Claims Ext	is paid for, if gr <u>ra Claims</u>		e Paid (\$)					
3 or HP =	x	=_						
HP = highest number of independe	•	for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and dray	vings excee	d 100 sheets of n	ner (excluding e	lectron	ically filed seque	nce or computer		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing sur	charge): <u>RC</u>	E Fee \$790 + 2 Mor	th Extension \$450			\$1,240.0		
SUBMITTED BY	11	1 _ 1/						

SUBMITTED BY						
Signature		\wedge	JU		Registration No. (Attorney/Agent) 45,669	Telephone 909-437-8390
Name (Print/Type)	Jack I. J'maev	\neg		//		Date 3-19-05

This collection of information is required by 37 FR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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